

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002910

**Entity Name:** TRI-COUNTY ASSOCIATION OF THE DEAF, INC.**Current Principal Place of Business:**8340 SE 178TH FERNBROOK PL.  
THE VILLAGES, FL 32162**Current Mailing Address:**8340 SE 178TH FERNBROOK PL  
THE VILLAGES, FL 32162 US**FEI Number:** 20-1010193**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, BERNARD PRES  
589 BRIGHTON DRIVE  
THE VILLAGES, FL 32162 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** BERNARD BROWN

02/26/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BROWN, BERNARD  
Address        589 BRIGHTON DRIVE  
City-State-Zip: THE VILLAGES FL 32162

Title            VP  
Name            RHODES, CHERYL  
Address        500 NORTHFIELD LN  
City-State-Zip: THE VILLAGES FL 32162

Title            SECRETARY  
Name            KOVACS-BAHL, SUE  
Address        1717 KENSINGTON PL  
City-State-Zip: THE VILLAGES FL 32162

Title            TREASURER  
Name            INGRAM, CATHERINE  
Address        8340 SE 178TH FERNBROOK PL.  
City-State-Zip: THE VILLAGES FL 32162

Title            BOARD MEMBER  
Name            HARBISON, MARILYN  
Address        2487 TAMARINDO DR.  
City-State-Zip: THE VILLAGES FL 32162

Title            BOARD MEMBER  
Name            STONE, RACHEL  
Address        2682 SUFFOLK ST  
City-State-Zip: THE VILLAGES FL 32162

Title            BOARD MEMBER  
Name            ZIMMERMAN, SHIRLEY  
Address        2103 LAKE RIDGE DRIVE  
City-State-Zip: THE VILLAGES FL 32162

Title            BOARD MEMBER  
Name            CORBETT, MARY ANN  
Address        3353 OVERLAND TERRACE  
City-State-Zip: THE VILLAGES FL 32162

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CATHERINE INGRAM

TREASURER

02/26/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	BOARD MEMBER
Name	JOHNSTON, JORDAN
Address	3446 ICHABUD WAY
City-State-Zip:	THE VILLAGES FL 32163